

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Mcpherson</u>		<u>NW 1/4 NE 1/4 NW 1/4</u>	<u>9</u>	T <u>21</u> S	R <u>2</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>3 N - 1 1/2 W moundridge</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number:			
City, State, ZIP Code :		<u>moundridge, KS 6707</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>48</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>22</u> ft. below land surface measured on mo/day/yr <u>5-31-89</u>			
		Pump test data: Well water was <u>31</u> ft. after <u>3</u> hours pumping <u>25</u> gpm			
		Est. Yield <u>25-30</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>11</u> in. to <u>48</u> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> Welded _____ <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> Threaded _____			
Blank casing diameter <u>5</u> in. to <u>33</u> ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.					
Casing height above land surface <u>18</u> in., weight <u>2.37</u> lbs./ft. Wall thickness or gauge No. <u>0.25</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC			
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS		<input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		<input type="checkbox"/> 5 Gauzed wrapped <u>030</u> <input checked="" type="checkbox"/> 8 Saw cut <u>factory slot</u> <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:		From <u>33</u> ft. to <u>48</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <u>20</u> ft. to <u>48</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		<input checked="" type="checkbox"/> 3 Bentonite			
<input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 4 Other _____ Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		<input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input checked="" type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 16 Other (specify below) _____ <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard			
Direction from well? <u>95' N/E</u>		How many feet? <u>95'</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>5</u>	<u>loam</u>			
<u>5</u>	<u>10</u>	<u>red brown clay</u>			
<u>10</u>	<u>14</u>	<u>" " " w/ clinker</u>			
<u>14</u>	<u>20</u>	<u>fine sand</u>			
<u>20</u>	<u>27</u>	<u>red brown clay</u>			
<u>27</u>	<u>30</u>	<u>sand med fine</u>			
<u>30</u>	<u>33</u>	<u>brown grey clay</u>			
<u>33</u>	<u>47</u>	<u>sand medium to coarse</u>			
<u>47</u>	<u>48</u>	<u>grey hard/soft shale</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-17-89</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>#457</u> This Water Well Record was completed on (mo/day/yr) <u>6-16-89</u> under the business name of <u>United Water Well & Pump</u> by (signature) <u>Paul Brumley</u>					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					